

Questionnaire for Transition Students With Vision and Hearing Loss

I. Name: _____

VR Counselor's Name: _____

Name of school you attend: _____

What grade will you be entering in the fall of ____? _____

What are your two favorite classes? _____

Why are they your favorite classes? _____

What are your least favorite classes? _____

Why are your least favorite classes? _____

Do you want to go to college? ☐ Yes ☐ No

Major: _____

Do you want to go to a vocational school? ☐ Yes ☐ No

To study: _____

What kind of job do you want to do after you complete all of your training /schedule?

Do you use any visual aids? (magnifiers, CCTV, etc.) _____

II. 1. Preferred mode of sign language communication:

- ☐ ASL ☐ PSE
☐ English ☐ Other, please explain
-
-

2. I will need to borrow a wake-up clock with a vibrator:

- ☐ Yes ☐ No

3. Do you prefer a regular print or large print TTY?

- ☐ Regular ☐ Large Print

4. Do you have good typing skills? ☐ Yes ☐ No

5. Do you have experience using a computer? ☐ Yes ☐ No

6. Do you have a computer? ☐ Yes ☐ No

7. Do you have experience using the Internet and email?

- ☐ Yes ☐ No

8. Do you have experience using the Internet and email? _____

9. Can you read captioning on TV? ☐ Yes ☐ No

10. What do you like to do for fun? _____

